
"The Spirit of the Symposium . . ."

"The problems of public health are relatively simple as compared with many other problems of international cooperation, but the successes so far attained may be encouraging to agencies dealing with more difficult areas.

"The spirit of the symposium on 'Meeting World Health Problems' was hopeful and confident. The view was expressed, for example, that in the year A. D. 2000, historians would look back on our mid-century as memorable for two of the most significant milestones in the history of the human race: the initiation

in Korea of the first exercise of world police power for the checking of armed aggression, and the development in the technical assistance and Point IV programs of a global responsibility for promoting by concerted international action the physical and emotional and social well-being of all the peoples of the earth."

—from a summary report to the U. S. National Commission for UNESCO, prepared by Dr. C.-E. A. Winslow, chairman of the symposium, and Dr. Reginald M. Atwater, rapporteur.

Meeting World Health Problems, I

The Need for Sound Program Planning

By JOSEPH W. MOUNTIN, M.D.

The health task facing the world today is as vast and complex as it is important. If we are to make any inroads against the global burdens of disease, poverty, and ignorance, we need many things. We need, of course, the basic ingredients of men, money, and material. We need the incentive to progress that comes from popular understanding and participation. We need scientific knowledge, careful joint thinking and planning, effective organization, and high-caliber performance. Above all, we need soundly conceived health programs, suited to

Dr. Mountin, chief of the Bureau of State Services, Public Health Service, participated in the first meeting of the World Health Organization's Expert Committee on Public Health Administration, which convened in Geneva last December. This paper, prepared by Dr. Mountin, was read by Dr. L. L. Williams, Jr., chief of the Public Health Service's Division of International Health.

the problem, the time, and the place, and designed to move logically to attainable goals.

One of the first steps in planning sound health programs is to determine what is involved in the term "health" for various parts of the world. Actually, one of our main problems is that people are not always clear as to the meaning of health, especially in terms of the measures that organized communities might take to improve it. Health requirements vary from place to place. In one area, the apparent over-riding need is for the organization of sufficient medical and hospital services to care for acute illness; in another, health workers have to turn their attention to long-term diseases and mental disorders, and to the health problems of an aging population; in still another, the absence of simple community sanitation and personal hygiene may lie at the root of the health problem; and finally, in some places, the lack of food and the inadequacy of shelter are in themselves public health problems of paramount importance.

Moreover, the problems of health and disease do not exist in isolation but in varying combinations, depending upon a nation's stage of development. Many of them are woven into the socioeconomic and cultural fabric. Poor sanitation usually goes hand in hand with hunger and with inadequate education. A country that has a seeming rise in the rate of mental illness is also likely to have a complex physical and social environment. Hence, it is difficult to define health requirements in terms of specific organizational framework, precise program content, or per capita expenditures that would be comparable from one area to another.

Despite these and other variables, there are at least three principles of health planning and administration that we might consider. First, it is essential to determine the kinds of problems which organized health measures are designed to solve in any given country. Second, health, and patterns of public health administration, must be an integral part of the social, economic, and governmental structure of a community and a nation. Finally, many individuals and groups can contribute toward solving health problems, which means that sound planning must make a place for these contributions. Provision must be made within the organizations having health responsibilities—both governmental and nongovernmental—for an interchange of ideas and understandings and for working with numerous groups and agencies. Because of the complexity and the variety of needs, we must often go far outside the traditional public health setting to make effective progress.

Program Related to Needs

With this as background, I would define program planning as the mobilization of all resources and facilities to the best possible effect so that problems are solved. It seems to me that the last part of that statement is the most important. To talk about planning without relating it to the problems to be met is not only unrealistic, it is sterile. We are not planning for the sake of planning; we are planning for something. There must be an understanding of the problems to be solved, of the measures to be used in solving them, and of the objectives to be reached.

The next step is to undertake suitable courses of action for improving health and reducing the burden of disease. This step, of course, is never easy. A host of obstacles, real and fancied, organizational and administrative, may stand in the way. But an understanding of the problem will make any solution easier to arrive at. It will enable public health planners, for example, to look beyond a specific way of working or a particular kind of organization. Instead, they can evaluate what is available against what is needed and mobilize all of the resources which can be used to help meet the problem. Even in what to us might seem the most backward of countries, there exist many untapped resources and competencies which can be focused on health needs. If these resources are not used, many programs which look sound on paper may face insurmountable difficulties or, worse yet, may be doomed to early failure.

The Health Department's Job

What is the role, then, of the official health organization in a community or in a larger segment of government? First of all, it has a specific part of the total health job to do. This may vary all the way from providing certain direct services to setting standards or offering financial aid to other groups. In addition, however, the health department must recognize the underlying relationships of health measures and act as a general staff in coordinating all the community's health services. It should promote an integrated approach in order to achieve a common objective.

As was just noted, many obstacles stand in the way of effective program planning and execution. For example, programs are often launched without a real recognition of the problem or without relationship to the major needs. The demands of special groups, the dramatic appeal of certain diseases and conditions, the pressures of expediency, apathy and resistance to change may all throw sound planning out of balance. In addition, shortages of resources—funds, personnel, facilities—often prevent orderly program development. For this reason, a very careful estimation of the kinds and numbers of personnel and the amount of funds needed must be an essential part of program planning. For

this reason, too, a logical order of development must be worked out. In other words, we must set priorities which will allow us to expand or take on new responsibilities if the ingredients are available or to retreat in the event of shortages.

Balanced Program

This brings us to one of the biggest problems facing the underdeveloped countries: the balancing of immediate needs against long-term programs of permanent health service. First things must obviously come first. Because of the tremendous backlog of existing disease, many countries may turn to programs of medical care and hospital services. In doing so, however, they are often likely to neglect the preventive services and the public health organization through which these services can be brought to the people.

Both types of need must be met. In order for this to be done, the health organization must be flexible. It must be prepared to solve the pressing health problems and then move on to new programs without losing ground. We must always remember that we want to build dynamic organizations to meet dynamic situations. One of the ways in which this can be done has already been mentioned, that is, taking advantage of all health resources or all opportunities for improvement, no matter where they may be found.

In planning to take on new responsibilities, however, we must recognize the dangers inherent in piecemeal growth. Such a development is likely to foster an incomplete, segmented approach. Not only is an organization likely to grow unwieldy and difficult to administer but, more important, it may lose sight of total objectives. In program planning, we must always work toward a synthesis in order to direct our attention to the whole man and the whole community.

Trained Personnel

The caliber and kinds of personnel available play an important part in program planning and administration. Of particular importance is the need for auxiliary and nonprofessional

workers. Up to now little serious thought has been given to such personnel as inspectors, aides, technicians, and others who perform many of the routine operations in this country, and who could be relied upon to provide the bulk of services in less highly developed countries. As a result, even when program planning is relatively good, the actual conduct often falls below our expectations.

This must be considered an important element in sound planning for two reasons. First of all, the training of auxiliary workers should have a high priority in all organizations. Second, the organization should be such that maximum use is made of highly trained professional personnel. Routine details should be delegated to auxiliary or less highly specialized workers. I think we in this country have a great responsibility in learning how to use these workers more effectively and in helping other nations develop the kinds of personnel who will be suited to their needs.

Public Support

Public understanding and support can also be made a part of planning. Public health programs should be so organized that the people who have the problems are given an opportunity to plan and contribute to the solution. Too often there is little participation by the individual, who passively receives the services. In a sense, health officials should aim to make every citizen a public health worker, at least in his own behalf. This can be done, in part, by mass education combined with proper devices for motivation. In part, however, it depends on how soundly our programs are planned and how logically our organization is developed. I think there is no question but that people will support a program they can understand and that is meeting their real needs.

Public enlightenment becomes particularly important when planning health services in many parts of the world in which such services may be foreign or strange. We must remember that we have reached our present state of development in this country because health is part of our mores, is inextricably bound with our way of life. Personal hygiene and sanitation are taken for granted as part of our daily existence;

immunization and vaccination are accepted as necessary and desirable to preserve health.

In many parts of the world, however, such prerequisites do not exist. Some health measures may even go counter to local or national customs and may be fought by the very people they are intended to benefit. The importance, thus, of relating planning and organization to local needs, customs, and abilities cannot be overstressed. Although advisory and technical assistance may come from outside, lasting health reforms must be undertaken within a country and must be adapted to local conditions. Uniformity of methods and organization would be highly desirable, of course; but the wide diversities among different countries may dictate considerable variation in methods of achieving health goals. Many paths may be taken to reach the same destination.

Other Planning Needs

Other elements of sound program planning should be mentioned here, even in such a brief review. For example, we need to evaluate progress constantly and critically, in terms of our problems and goals, in order to overcome any tendencies toward self-perpetuation or toward allowing our work to become routinized. Other aspects of planning for health services

include such items as: the differentiation of functions at various levels in the governmental structure; the regionalization of health services; the necessity for alining preventive and curative medicine through the coordination of hospitals and health departments; the need for incorporating hygiene into industry, commerce, and public works; and the need for effective communication and for clear-cut lines of authority and responsibility.

I would conclude, however, with the need for increased exchange of experience and knowledge among all the countries of the world. Certainly, we in this country have as much to learn as we have to contribute to world-wide development. No single nation can lay claim to all the competence and all the wisdom. Moreover, public health programs everywhere—and certainly this country is as guilty as any other—are limited and rather narrow in scope. We have often failed to add new services to meet current health needs and to take advantage of new methodology to further the cause. We must thus raise our own sights as well as look toward the problems and needs of the rest of the globe. With a true spirit of cooperation, with a basic understanding of needs, and with the efforts of enlightened groups everywhere, we can push forward to new frontiers of world health and well-being.

To be solved Problems of Administrative Planning in World Health

- *How can the most pressing health problems in a given country be determined?*
- *What significance must be given to the mores of the people concerned?*
- *How can a balance be struck between programs designed to obtain immediate dramatic results and long-term programs to develop permanent health services?*
- *What per capita expenditure for health purposes is possible for a particular country?*
- *How may a program be planned so that it ultimately can be supported by local resources?*
- *What can the United States learn from the program-planning experience of other countries?*